

The Chair opened the meeting and acknowledged the Traditional Owners of this Land. He also paid his respects to the Elders both past and present. He extended his respect to other Aboriginal people and colleagues present today.

**1. In-camera Session**

An in-camera session was held between 11am-11.15am to discuss The Tweed Hospital.

**2.1 PRESENT AND APOLOGIES:**

**Board Members:**

**Ground Floor Meeting Room Lismore**

Mr Mark Humphries (Chair), Mr Peter Carter

**Via Skype:**

Mr Michael Carter, Dr Allan Tyson, Mr Pat Grier, Dr John Griffin, Dr John Moran, Dr Alasdair Arthur, Professor Susan Nancarrow, Ms Naree Hancock, Mr Scott Monaghan

**In Attendance:**

Mr Ged May, Community Engagement Manager  
Ms Jennifer Cleaver, Manager Chief Executive Office  
Ms Kate Greenwood, Board Secretariat

**In Attendance for part of meeting:**

Mr Wayne Jones, Chief Executive  
Mr Ken Hampson, Director Clinical Governance

**Apologies:**

Ms Carolyn Byrne

**Declaration of Pecuniary and/or Conflicts of Interest**

The following conflicts of interest were declared:

**Mr Michael Carter**

- Chief Financial Officer and Company Secretary of Social Futures
- NNSWLHD manages a contract on behalf of the Ministry of Health (MOH) which has been awarded to Social Futures to run the Family Planning Clinic
- Social Futures is in current negotiations with NNSWLHD regarding office accommodation.

**Dr John Moran**

- No longer a partner in King Street Medical Centre, Murwillumbah

**Mr Scott Monaghan**

- Chief Executive Officer, Bulgarr Ngaru Medical Aboriginal Corporation Bugalwena General Practice

**Ms Naree Hancock**

- Practice Manager and Business Manager at two General Practitioners rooms.

**Mr Mark Humphries**

- Community roles in TAFE NSW, Westpac Rescue Helicopter Service and Kingscliff Lifesaving

**Dr Allan Tyson**

- Visiting Medical Officer NNSWLHD

**Mr Pat Grier**

- Board Member of Social Future
- Social Future is in current negotiations with NNSWLHD regarding office accommodation.

**2.3 Previous Minutes:**

- 2.3.1** The Minutes of the Board Meeting held on 25 November 2021 as circulated were **ENDORSED** as a true and accurate copy with the following amendment:  
Page 8, paragraph one to now read: ".....October results are \$5.5M unfavourable.."

**Moved:** Mr Michael Carter  
**Seconded:** Ms Naree Hancock  
**CARRIED**

- 2.3.1(a)** The Minutes of the Annual General Meeting held on 25 November 2021 as circulated were **ENDORSED** as a true and accurate copy.

**Moved:** Mr Michael Carter  
**Seconded:** Dr Alasdair Arthur  
**CARRIED**

**2.3.2 Business Arising from the minutes:**

- 2.3.2.1** The Chief Executive is to provide additional information around proposed services at Murwillumbah District Hospital and community services that will remain at The Tweed Hospital site to the 30 March 2022 Board meeting.  
The Board noted this will be provided to the 30 March 2022 Board meeting.

**ACTION:**

The Chief Executive is to provide additional information around proposed services at Murwillumbah District Hospital and community services that will remain at The Tweed Hospital site to the 30 March 2022 Board meeting.

- 2.3.2.2** Further discussion around the models of care for hospital in the home for future healthcare delivery to be discussed at a future meeting.  
The Board noted this will be provided to a future meeting.

**ACTION:**

Further discussion around the models of care for hospital in the home for future healthcare delivery to be discussed at a future meeting.

- 2.3.2.3** Mr Jones to provide an amended Clinical Planning and Clinician Engagement Committee meeting membership with the quarterly NNSWLHD Service Agreement KPIs update to the 23 February 2022 Board meeting.  
The Board noted this will be submitted to the 23 February 2022 Board meeting.

**ACTION:**

Ms Weir to provide an amended Clinical Planning and Clinician Engagement Committee meeting membership with the quarterly NNSWLHD Service Agreement

**KPIs update to the 23 February 2022 Board meeting.**

**2.3.2.4 Mr Jones to draft a letter for the Board Chair's signature thanking and acknowledging Byron Central Hospital for their outstanding results in the recent Bureau of Health Information survey.**

The Board noted this letter was emailed on 1 December 2021.

**2.3.2.5 Mr Jones to provide a brief outlining strategies on how the NNSWLHD can reset the organisation's culture to the 23 February 2022 Board meeting.**

The Board noted this will be provided to the 23 February 2022 Board meeting.

**ACTION:**

**Ms Weir to provide a brief outlining strategies on how the NNSWLHD can reset the organisation's culture to the 23 February 2022 Board meeting.**

**2.3.2.6 Mr Jones to request the NNSWLHD Information Technology Department to provide a presentation on the processes and methods in place to ensure cyber security across the LHD.**

The Board noted this presentation will be provided to the 23 February 2022 Board meeting.

**ACTION:**

**Ms Weir to request the NNSWLHD Information Technology Department to provide a presentation on the processes and methods in place to ensure cyber security across the LHD to the 23 February 2022 Board Meeting.**

**2.3.2.7 Mr Jones to provide an update report on NNSWLHD coding status to the 23 February 2022 Board meeting.**

The Board noted this will be provided to the 23 February 2022 Board meeting.

**ACTION:**

**Ms Weir to provide an update report on NNSWLHD coding status to the 23 February 2022 Board meeting.**

**2.3.3 Other Matters Arising from the Minutes**

Nil for this meeting

**3. Matters for Decision**

**3.1 Board Sub-committee Nominations:**

Following a lengthy discussion regarding the nominations for membership of Board Sub-committees, the Board **AGREED** to the following appointments for 2022:

**• Finance and Performance Committee**

Mr Michael Carter (Chair), Dr John Moran and Mr Mark Humphries

**• Health Care Quality Committee**

Mr Peter Carter (Chair), Dr Alasdair Arthur and Dr Allan Tyson

**• Medical and Dental Appointments Advisory Committee**

Dr Alasdair Arthur (Chair), Ms Naree Hancock

- **Audit and Risk Committee**

Ms Carolyn Byrne, Dr John Griffin (Observer)

- **Clinical Planning and Clinician Engagement Committee**

Dr Allan Tyson (Chair), Mr Scott Monaghan

- **Community Partnership Advisory Council**

Mr Pat Grier, Mr Peter Carter, Dr John Griffin, Mr Scott Monaghan

- **Research and Innovation Committee**

Professor Susan Nancarrow (Chair), Mr Peter Carter and Mr Pat Grier

**Moved:** Dr John Moran

**Seconded:** Professor Susan Nancarrow

**CARRIED**

#### 4. Chairman's Update

##### 4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

#### 5. Matters for Discussion

##### 5.1 Chief Executive's Report

Ms Weir referred to the issues that were covered in the Chief Executive's Report including:

##### 5.1.1 Current and Significant Issues

- **Clinician Engagement**
- **Coronavirus** – overview provided on the number of cases and inpatients across the District. As of 17 January 2022, NNSWLHD is reporting daily COVID cases for PCR and RAT tests. There have been 14 deaths in our LHD since 1 January 2022. Virtual COVID Community Care is now a referral model. Positive patients receive a self-managed text message with a short survey to complete on their health status and de-isolation advice on day 0. In line with these changes, NNSWLHD will focus on the management of high-risk patients and will receive referrals from Aboriginal Medical Services, Health Direct, General Practice, Emergency Departments, Hospitals and NSW Ambulance, ensuring they are working within the NSW Health guidelines for what is deemed to be a high-risk patient.
- **Staffing and Service Modifications** – challenges remain with staff furloughed. To ensure capacity and availability of staff, some non-urgent services have been reduced.
- **Vaccination Program** – in the last seven days up to 24 January 2022, 848 child vaccinations and 3559 boosters have been provided. Communication to the community continues via text and social media.
- **RAT testing** to commence in schools on the return of staff and students next week.
- **Staff/Community Communication** – recommencement of COVID update for staff and weekly forums. Communities are kept up to date through Facebook and other media opportunities. A weekly meeting is held with local Members of Parliament.
- **Staff** – Vaccination booster doses are not yet mandatory for Health Care Workers.

**5.1.2 Update on Strategic Issues**

- Nil for this meeting

**5.1.3 Matters for Approval**

- Nil for this meeting

**5.1.4 Major Key Performance Indicators**

- Emergency Treatment Performance (ETP) during December 2021 NNSWLHD did not meet the ETP target of 50% (admitted) with a result of 32.5%.
- Elective Surgery Access Performance during December 2021 was Category 1 97% against a target of 100%, Category 2 84% against a target of 97% and Category 3 was 86% against a target of 97%.
- Elective Surgery overdue numbers for December 2021 were Category 1 – 1, Category 2 – 220, Category 3 – 358.
- Triage – NNSWLHD met triage Category 1 target, Category 2, December 2021 result was 78% with a target of 95% and Category 3, December 2021 result was 73% against a target of 85%.
- Transfer of Care target for December 2021 was 90% with a result of 80%.

**5.1.5 Security, Risk and Compliance Update**

- Nil for this meeting

**5.1.6 Governance Update**

- Quarterly Board Report - the Board noted the July-September 2021 Board Report.
- NNSWLHD Service Directions – following an action from the February 2021 Board meeting, the Board noted the update progress report on the NNSWLHD Service Directions.

**5.1.7 eHealth Update**

- Update provided on the Log4J vulnerability patching. NNSWLHD has patched all its internet facing servers and is now working on the priority 2 servers.
- Work continues on eMeds interface
- The new RIS-PACS system is now fully implemented
- Work continues on the State-wide Data Centre Reform Project
- CCTV digital cameras at several sites has been delayed due to supply issues caused by international shortages of equipment.

**5.1.8 Capital Works/Planning Projects**

- Health Infrastructure Projects – an update was provided on the Tweed Valley Hospital. Work has commenced on the façade and the carpark site will commence in March 2022. Fit out work is progressing and will continue over the next 12 months.
- Lismore Base Hospital – main entry is expected to open in February 2022. The Auditorium works are nearing completion and scheduled to finish in April/May 2022.

**5.1.9 Matters for Noting**

- Nil for this meeting

**5.1.10 Important Meetings/ Diary Commitments**

- Nil for this meeting.
- **Questions for the Chief Executive without Notice**
  - The Board agreed with Dr Griffin on the importance of focusing on the Service Enablers listed in the NNSWLHD Service Directions.
  - Ms Weir provided a brief overview of the Premier's press release in relation to the extension of the current COVID restrictions that will now remain in place until 28 February 2022.
  - Discussion followed around the difficulties in delaying elective surgery and particular services across the District due to COVID. Ms Weir advised that whilst there are challenges with this, these decisions are not made at a local level.
  - Responding to a query regarding the District's strategic direction moving forward through the endemic, Ms Weir advised the decisions at present are made at a state-level. However, financially there will need to be discussion around how this is managed into the future.

The Board **ENDORSED** the Chief Executive's Report.

#### **5.1 Committee Minutes (discussed on exception basis, otherwise noted)**

##### **5.2.1 Health Care Quality Committee (HCQC) – 14 December 2021.**

Mr Peter Carter gave a brief overview of unconfirmed Minutes indicating there were no issues to be escalated to the Board from this meeting.

Mr Peter Carter referred to the brief on Towards Zero Suicide in Care and advised there is still a focus on work in this area. It was noted that with the opening of the two Safe Haven organisations in the District is a step in the right direction.

A brief discussion followed around the work on Patient Reported Measures, and it was agreed an update will be provide to the Board once the current COVID demands ease.

#### **ACTION:**

**Ms Weir to provide an update report on Patient Reported Measures to the 27 July 2022 Board meeting.**

The Board noted the unconfirmed HCQC Minutes.

##### **5.2.2 Finance and Performance Committee (F&PC)**

Mr Michael Carter provided a brief overview of the F&PC Minutes. Due to there being no F&PC meeting in January, Mr Michael Carter spoke to the two page report submitted to the Board.

General Funds year to date are \$12.6M unfavourable with a forecast of \$43.6M unfavourable (Gen \$15.2M U / COVID \$28.4M U). Comparison year on year is a challenge as there is no comparison to the environment the LHD is working in. COVID is likely to continue to impact the District results for the remainder of the financial year.

Work continues with the restructure of reporting lines. There have been some delays

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however, plans are underway for Business Managers across the District to report to the Director Finance.

A lengthy discussion followed on workforce issues with furloughs, filling gaps and overtime. Responding to a query regarding the shortfall of workforce, Ms Weir indicated the Executive continue to monitor this and work is underway with developing strategies around workforce in general and in relation to the opening of the Tweed Valley Hospital. Mr Peter Carter also advised that Workforce was one of the focus key strategies of the Board Development Working party.

**5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 9 December 2021.**

Dr Arthur gave a verbal update on the MDAAC unconfirmed Minutes.

Dr Arthur gave a brief overview on the recent appointments and resignations across the LHD.

Referring to the recent resignations of several long-term doctors across the District, it was noted that letters of appreciation are being drafted on behalf of the Board for the following Dr Ian Rae, VMO GP, Dr Adam Osborne, VMO GP and Dr David Helliwell, VMO Drug and Alcohol.

The Board noted the unconfirmed MDAAC Minutes.

**5.2.4 Audit and Risk Committee (ARC) – 1 December 2021.**

Mr Michael Carter gave a brief overview of the unconfirmed minutes.

A Risk Appetite Statement will be progressed and provided to the Board in due course.

Mr Michael Carter advised the Committee received a letter from Ms Elizabeth Koff, Secretary NSW Health acknowledging the work undertaken by the District on climate change and the adaption of the risk statement.

Referring to the Work Health and Safety and Injury Management Quarterly report, Mr Michael Carter indicated further work on analysis of the numbers needs to be undertaken due the importance of the report. He will follow this up with the new ARC Board member representative.

Mr Michael Carter indicated that ARC members complete three separate questionnaires each year regarding the process of the Audit Committee. Referring to the external auditors, Mr Michael Carter advised he provided constructive feedback on the questionnaire indicating that at times the external auditors were missing or non-vocal in some of the meetings.

The Board noted the unconfirmed Minutes.

**5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 14 December 2021.**

Dr Tyson spoke briefly on the unconfirmed CPCEC minutes

Dr Tyson advised that this month's meeting was cancelled due to the current COVID situation and not wanting to draw clinicians away from their role.

A brief survey has been conducted to gauge feedback on why some clinicians were not attending or were unable to attend. This information will be collated by the Committee.

The Board noted the unconfirmed Minutes.

**5.2.6 Community Partnership Advisory Council (CPAC) –6 December 2021**

Mr May provided a brief overview of the unconfirmed Minutes.

CPAC and CAG 2021 evaluation surveys were sent to members in December 2021 to complete and return. This will be presented to the next CPAC meeting and provided to the February 2022 Board meeting. Recruitment for CAGs will commence again soon.

Mr May spoke on the ongoing trend of community representatives asking pertinent questions during the meetings. Discussion followed on the importance of the LHD remaining transparent and open. Mr May advised that Mr Jones, Ms Weir and Board members respond in an open and transparent manner with the Committee regarding the questions raised. Should there be any feedback in the current survey, Mr May advised they will respond accordingly.

The Board Chair thanked Mr May for the excellent job as MC at the recent farewell for Dr Brian Pezzutti and Ms Deb Monaghan.

The Board noted the unconfirmed Minutes.

**5.2.7 Research and Innovation Committee (RIC) – 18 November 2021.**

Mr Peter Carter gave a brief overview of the recent RIC unconfirmed minutes.

Dr Zoe Michaleff, Research Operations Manager has recently joined the committee and is a welcome addition to the group.

Referring to the ingredients of success of the Leading Better Value Care team, Mr Peter Carter considered that many of these ingredients can be applied to many projects within the LHD. Some of these are: a very strong project lead, buy in from the Executive, extensive consultation across the LHD and collaboration and support from the MOH, working closely with community and clinicians. Mr Peter Carter suggested these could be utilised by other members of the LHD who manage different projects.

Mr Monaghan will attend the 6 April 2022 meeting to discuss Aboriginal Health issues across the LHD.

The Board noted the unconfirmed Minutes.

**6. Matters for Noting/Information (discussed only on exception basis)**

Nil for this meeting

**6.1 Major correspondence**

Nil major correspondence

**6.2 NNSW LHD Seal**



There were no items requiring the NNSWLHD Seal to be applied.

**6.3 Updated Board Calendar**

The Board noted the updated Board Calendar.

**6.4 Other matters for noting**

**6.4.1 Rural, Regional and Remote Clinical Trial Programs** – the Board noted the report.

**6.4.2 Quarterly Patient Feedback Report July-Sept 2021** – the Board noted the report.

**6.4.3 Board Development working party update (BDWP)**

Mr Peter Carter indicated Mr Wayne Jones suggested the BDWP request the Board to add Aboriginal Health as a strategic area of focus for the Board along with already agreed Workforce, Patient Flow and Environmental Sustainability and Healthcare.

The Board **AGREED** to add Aboriginal Health as an area of strategic focus to the BDWP.

Next steps will be worked through in collaboration with various stakeholders once the demand of COVID eases and the Acting Chief Executive becomes more freely available.

**6.5 Business Without Notice**

- Mr Grier commented on the excellent publication – Our Journey 20/21 - Nurses and Midwives. The Board was informed Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health will be presenting at the 23 February 2022 Board meeting.
- The Chair referred to the excellent document written by Mr Scott Monaghan in the latest NorDocs addition and advised Mr Monaghan that he is looking forward to working with him as the recently appointed Board member.

**7. Meeting Finalisation**

Mr Peter Carter provided a critique of meeting.

**7.1 Next Meeting**

23 February 2022 - 9am

Location to be advised

**7.2 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 11.48am  
I declare that this is a true and accurate meeting record.

Signed .....

Date ..... 23/2/22 .....

Mr Mark Humphries  
Chair  
Northern NSW Local Health District Board

**Presentation 9.10am-9.40am Mr Ken Hampson, Director Clinical Governance**

The Chair welcomed Mr Hampson to the meeting. Mr Hampson gave a brief overview of his presentation today and indicated he is looking forward to working with the Board in his role as the Director, Clinical Governance.

Mr Hampson spoke on the past external inquiries across the world. World Health Organisation agrees that 1:10 patients have an adverse event that accounts for approximately 8% of bed days due to increase length of stay. There is a need for Clinical Governance Units to work with clinicians and managers to understand facility outcomes and respond in a timely manner. The importance of real live information is not to be underestimated.

The portfolios that lay within the GCU include:

- Clinical Governance
- Consumer relations and privacy
- Patient safety and corporate risk
- Clinical Quality
- Research support and development
- Research ethics and governance
- Culture and wellbeing

Mr Hampson spoke briefly on some of the questions for Boards to ask themselves around the importance of safety, an open and fair culture, actively encouraging the reporting of incidents and asking if we learn from patient safety incidents.

Clinical Governance is part of everyone's job and Mr Hampson reiterated the importance of educating and upskilling staff across the District. The LHD needs to work together respectfully to develop staff and improve the patient's journey to ensure it is safe, evidence based and of high quality. Referring to the list of unit improvement strategies for 2022, Mr Hampson advised work will commence on improving governance and feedback for staff and families involved in RCA (Root Cause Analysis) processes, including improvements in writing RCAs.

Mr Hampson spoke briefly on the Mental Health patient improvement program that involves weekly meetings with the Clinical Excellence Commission (CEC) at this stage. This program will commence in the Adolescent Mental Health Unit with plans to implement throughout the Mental Health Unit.

Referring to the Don Berwick points in the presentation, Professor Nancarrow queried the possibility of adding , "don't make me travel if I don't have to'. Mr Hampson spoke on some of the challenges with rural care and indicated he would look at this suggestion further.

The Board thanked Mr Hampson for his presentation and time in attending the meeting today.